

Please fill out and return with your check.

I want to be billed: PLACE "X" BY SEMI ANNUAL or ANNUAL

___ SEMI ANNUAL QUANTITY

SMALL CART: \$48 X ___ = \$ _____

LARGE CART: \$84 X ___ = \$ _____

___ ANNUAL:

SMALL CART: \$96 X ___ = \$ _____

LARGE CART: \$168 X ___ = \$ _____

TOTAL DUE: \$ _____

NAME: _____

SERVICE ADDRESS: (HOUSE # and STREET) _____
WHITEHALL

BILLING ADDRESS (IF DIFFERENT, i.e. BOX #) _____

DROP OFF AT: TRI CITY

36187 OWEN ST
WHITEHALL, WI 54773

OR MAIL TO: TRI CITY

BOX 567
WHITEHALL, WI 54773